

Newton Board of Education

Simplified Aetna Medical & BeneCard Prescription Plan Benefits Comparison

	Aetna Choice POS II \$10		Aetna Choice POS II \$15		Aetna Choice POS II \$15/\$25		Aetna Choice POS II \$20/\$20		OMNIA		Aetna Choice POS II NJEHP	
Medical:	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Tier 1	Tier 2	In-Network	Out-of-Network
Referral Required	No		No		No		No		No		No	
Individual Deductible	None	\$100	None	\$100	None	\$100	None	\$200	None	\$800	None	\$350
Family Deductible	None	\$250	None	\$250	None	\$250	None	\$500	None	\$1,600	None	\$750
Coinsurance	10% (select serv)	20%	10% (select serv)	30%	10% (select serv)	30%	10% (select serv)	30%	N/A	40%	10% (select serv)	30%
Max. Out of Pocket Single	\$400	\$2,000	\$400	\$2,000	\$400	\$2,000	\$800	\$5,000	\$2,500	\$4,500	\$500	\$2,000
Max. Out of Pocket Family	\$800	\$5,000	\$800	\$5,000	\$800	\$5,000	\$1,600	\$12,500	\$5,000	\$9,000	\$1,000	\$5,000
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PCP Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$15	70% after ded.	\$20	70% after ded.	\$5	\$20	\$10	70% after ded.
Specialist Office Copay	\$10	80% after ded.	\$15	70% after ded.	\$25	70% after ded.	\$20	70% after ded.	\$15	\$30	\$15	70% after ded.
Inpatient Hospital Copay	100%	80% after ded.	100%	70% after ded.	100%	70% after ded and \$200 copay	100%	70% after ded and \$500 copay	\$150 copay per admission	80% after ded.	100%	70% after ded.
Telemedicine	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered	\$5	\$15	\$0	Not Covered
Emergency Room Copay	100% after \$25 copay		100% after \$50 copay		100% after \$75 copay		100% after \$100 copay		100% after \$100 copay		100% after \$125 copay	
Prescription Drug:												
Retail Generic Copay	\$3		\$3		\$3		\$3		\$3		\$5	
Retail Brand Copay	\$10		\$10		\$10		\$10		\$10		\$10 (mandatory generic)	
Mail Order Generic Copay	\$5		\$5		\$5		\$5		\$5		\$10	
Mail Order Brand Copay	\$15		\$15		\$15		\$15		\$15		\$20 (mandatory generic)	